



American Heart Association®
Mission:Lifeline®
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Mission: Lifeline® EMS Recognition

2023 Application Worksheet



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Mission: Lifeline® EMS Recognition 2023 Application Worksheet

Mission: Lifeline EMS recognition is the American Heart Association's program that recognizes prehospital emergency agencies for their quality of care for heart attack and stroke patients. The recognition program focuses on transforming care quality by connecting all heart attack and stroke care components into a seamlessly integrated care system.

To access additional resources for 2023 Mission: Lifeline EMS Recognition, please visit our [Mission: Lifeline EMS Recognition](#) web page.

Questions? Please email missionlifeline@heart.org.

Thank you for your participation in Mission: Lifeline EMS Recognition.

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Before completing the form below, please visit the [Mission: Lifeline EMS website](#) and review the associated documents and procedures for the application process.

Reminder: this form does NOT have saving capabilities. Please utilize the worksheet (above link) to ensure data completeness before submission below.

Before completing this form, please [click here](#) to find your AHAEMS ID.

**required field*



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American Heart Association (AHA) EMS ID*	
Agency Name (Legal Name)* Enter the name of the agency applying for recognition (no abbreviations please). (i.e., this may be the name printed on your state EMS license).	
Street Address* Please enter the physical address of the agency applying for recognition.	
City*	
State*	
Zip Code*	
EMS Agency State Identification Number* Please enter your EMS identification number issued by your state.	
State associated with State ID above*	
Pre-hospital Type*	Fire EMS Police
Agency Type Please select the most appropriate to describe your agency.	Transport Non-transport
ePCR Vendor (select all that apply)	
Primary Contact: First Name* The primary contact will receive all communications, including award notification, regarding the EMS agency's application.	
Primary Contact: Last Name*	
Primary Contact: Job Title*	
Primary Contact: Phone*	
Primary Contact: Email*	
AHA has permission to publish agency award status*	Yes No



The American Heart Association has permission to publish the award status of this agency. By providing this authorization, it will remain in effect until written notice is provided to the American Heart Association or until program participation has ended. Below are some examples of where the award status may be published:

- Recognition Events
- Advertisements
- Conference banners/signage
- AHA Websites, Mission: Lifeline Network, digital media, mobile apps

Enter exact agency name for publications*
Enter N/A if selected "No" for permission to publish.

Annual volume of suspected stroke patients*
Enter the total annual volume of patients with primary and/or secondary impression of stroke:

*eSituation.11 Provider's Primary Impression
*eSituation.12 Provider's Secondary Impression

Annual volume of suspected STEMI patients*
Patients aged 18 years and older with chest pain or a primary or secondary impression of Myocardial Infarction (MI):

*eSituation.11 Provider's Primary Impression
*eSituation.12 Provider's Secondary Impression



Mission: Lifeline EMS Award

AHAEMS1 - Pre-Arrival Notification for Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

AHAEMS1 (Q1) Numerator*	
AHAEMS1 (Q1) Denominator*	
AHAEMS1 (Q2) Numerator*	
AHAEMS1 (Q2) Denominator*	
AHAEMS1 (Q3) Numerator*	
AHAEMS1 (Q3) Denominator*	
AHAEMS1 (Q4) Numerator*	
AHAEMS1 (Q4) Denominator*	

AHAEMS 2: Documentation of Last Known Well for Patients with Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter.

AHAEMS2 (Q1) Numerator*	
AHAEMS2 (Q1) Denominator*	
AHAEMS2 (Q2) Numerator*	
AHAEMS2 (Q2) Denominator*	
AHAEMS2 (Q3) Numerator*	
AHAEMS2 (Q3) Denominator*	
AHAEMS2 (Q4) Numerator*	
AHAEMS2 (Q4) Denominator*	

AHAEMS 3: Evaluation of Blood Glucose for Patients with Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.

AHAEMS3 (Q1) Numerator*	
AHAEMS3 (Q1) Denominator*	
AHAEMS3 (Q2) Numerator*	
AHAEMS3 (Q2) Denominator*	
AHAEMS3 (Q3) Numerator*	
AHAEMS3 (Q3) Denominator*	
AHAEMS3 (Q4) Numerator*	
AHAEMS3 (Q4) Denominator*	



AHAEMS 4: Stroke Screen Performed and Documented

Percentage of EMS patients aged 18 years and older transported from the scene with a suspected stroke for whom a stroke screen was performed and documented during the EMS encounter.

AHAEMS4 (Q1) Numerator*	
AHAEMS4 (Q1) Denominator*	
AHAEMS4 (Q2) Numerator*	
AHAEMS4 (Q2) Denominator*	
AHAEMS4 (Q3) Numerator*	
AHAEMS4 (Q3) Denominator*	
AHAEMS4 (Q4) Numerator*	
AHAEMS4 (Q4) Denominator*	

AHA EMS 5: 12-lead ECG performed with 10 minutes for Suspected Heart Attack

Percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected MI for whom a 12-Lead ECG was performed within 10 minutes of first medical contact.

AHAEMS5 (Q1) Numerator*	
AHAEMS5 (Q1) Denominator*	
AHAEMS5 (Q2) Numerator*	
AHAEMS5 (Q2) Denominator*	
AHAEMS5 (Q3) Numerator*	
AHAEMS5 (Q3) Denominator*	
AHAEMS5 (Q4) Numerator*	
AHAEMS5 (Q4) Denominator*	

AHA EMS 6: Aspirin administration for STEMI-positive ECG

Percent of EMS patients aged 18 years and older transported from the scene with a STEMI-positive ECG who were administered aspirin.

AHAEMS6 (Q1) Numerator*	
AHAEMS6 (Q1) Denominator*	
AHAEMS6 (Q2) Numerator*	
AHAEMS6 (Q2) Denominator*	
AHAEMS6 (Q3) Numerator*	
AHAEMS6 (Q3) Denominator*	
AHAEMS6 (Q4) Numerator*	
AHAEMS6 (Q4) Denominator*	



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AHAEMS 7: Pre-Arrival notification within 10 minutes for positive STEMI Heart Attack ECG

Percentage of EMS patients aged 18 years and older transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated within 10 minutes of positive ECG.

AHAEMS7 (Q1) Numerator*	
AHAEMS7 (Q1) Denominator*	
AHAEMS7 (Q2) Numerator*	
AHAEMS7 (Q2) Denominator*	
AHAEMS7 (Q3) Numerator*	
AHAEMS7 (Q3) Denominator*	
AHAEMS7 (Q4) Numerator*	
AHAEMS7 (Q4) Denominator*	



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Mission: Lifeline EMS System of Care Target Heart Attack Award

Please fill out the following section if your agency is applying for the Mission: Lifeline System of Care Target Heart Attack Award.

AHAEMS 8: EMS FMC to PCI within 90 minutes for Patients with STEMI

Percentage of patients directly transported to a STEMI receiving center, with EMS First Medical Contact to PCI within 90 minutes.

AHAEMS8 (Q1) Numerator*	
AHAEMS8 (Q1) Denominator*	
AHAEMS8 (Q2) Numerator*	
AHAEMS8 (Q2) Denominator*	
AHAEMS8 (Q3) Numerator*	
AHAEMS8 (Q3) Denominator*	
AHAEMS8 (Q4) Numerator*	
AHAEMS8 (Q4) Denominator*	

AHAEMS 9: EMS FMC to Thrombolytic Administration within 30 minutes for Patients with STEMI

Percentage of patients with STEMI treated and directly transported to the destination hospital, with a door-to-needle time of <30 minutes.

AHAEMS9 (Q1) Numerator*	
AHAEMS9 (Q1) Denominator*	
AHAEMS9 (Q2) Numerator*	
AHAEMS9 (Q2) Denominator*	
AHAEMS9 (Q3) Numerator*	
AHAEMS9 (Q3) Denominator*	
AHAEMS9 (Q4) Numerator*	
AHAEMS9 (Q4) Denominator*	



Supplemental Questions | Stroke Systems of Care

Next year, the American Heart Association will continue to advance **stroke systems of care**.

Please answer the following supplemental questions to help the American Heart Association staff understand which agencies currently participate in meaningful stroke systems of care work across the nation.

Do you receive feedback on Stroke patients from your hospitals?*	Yes No
When feedback is received by destination hospital on stroke patients, the feedback is received:	Within 24-48 hours of the patient's arrival Days to weeks after the patient's arrival Weekly Monthly Quarterly Other
Do you currently participate in stroke systems of care work across your region, either with hospitals, health systems, or other first-responder agencies?	Yes No
If yes, please explain: (Free text)	
Feedback from receiving hospitals is important to our agency, scope of work, and membership related to stroke care.*	Yes No
Currently, my agency is able to accurately abstract the following measures.* Please select all that apply.	<input type="checkbox"/> EMS FMC to Thrombolytic Administration Within 90 minutes for Patients with Stroke <input type="checkbox"/> EMS FMC to Endovascular Therapy Within 180 minutes for Patients with Stroke <input type="checkbox"/> Neither of the above



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Supplemental Questions | 2022 Recognition

Please answer the following questions (if applicable) regarding your 2022 application.

Did your agency submit an individual award in 2022?*	Yes No
Did your agency submit a regional or joint application in 2022?*	Yes No
If yes, please list the primary agency (full name and address) associated with your application.	
If yes, please select award designation level for 2022:	
EMS Medical Director First Name	
EMS Medical Director Last Name	
EMS Medical Director Phone Number	
EMS Medical Director Email	
Application Submission Authorization* I attest that the information provided is true and complete to the best of my knowledge. As the submitter of this application, I am authorized to release the above information to the American Heart Association on behalf of the EMS agency.	Agree Disagree